

Myrtle Avenue Pet Center

Thank you for choosing us for your pet boarding needs!

Staff Initials: _____

Date In: _____

1/2 day cut off is 3pm

Please Initial: _____

Time In: _____

Pet Information

	Pets Name	Dog/Cat	Gender	Age	Breed/Color
1)					
2)					
3)					

Contact Information

Owner Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Leave your email address to receive photos and updates of your pet during their stay!

Email: _____

If you would like to authorize another person to pick up or drop off you pet please list them here:

Emergency Contact Information

Please provide the name and daytime phone number of a person who can make decisions regarding your pet on your behalf. This could include anything from questions regarding feeding, behavior or medical care.

Emergency Contact Name: _____ Phone: _____

Veterinarian Information

Pet's Veterinarian: _____

If my veterinarian is not available, or if my emergency contact is unable to provide transportation of my pet(s) to my regular veterinarian, I authorize Myrtle Avenue Veterinary Hospital or Arcata Animal Hospital to perform all necessary care **at my expense**.

Please Initial: _____

Belongings

Please list and describe you pet's belongings:

Collar/Harness: _____ Leash: _____

Toys/Other _____

FOR STAFF: Kennel: _____ Out On: _____ Add. Serv.: _____ Groom Appt.: _____

Additional Boarding Services

_____ \$10 bath for dogs under 80 lbs.

_____ \$5 ear cleaning

_____ \$20 bath for dogs over 80 lbs.

_____ \$5 pet massage

_____ \$10 nail trim for dogs/cats

_____ \$5 anal glad expressions under 30 lbs.

_____ \$5 dental cleaning

_____ \$10 anal glad expression over 30 lbs.

If your pet need a grooming appointment while here, please check availability with our staff.

Treat Service \$2.00 per day

Who doesn't enjoy special treatment! We now offer a treat service for your pet to enjoy. Included is either 3 biscuits per service OR a Kong filled with peanut butter!

_____ Cheese Biscuits

_____ Hickory Biscuits

_____ Peanut Butter Biscuits

_____ Kong w/ Peanut Butter

_____ Everyday

OR

_____ Every other day

Please Initial _____

Extra Walk \$2.00 per day

Every dog staying with us gets two walks per day as a rule, but if you have a young or active dog, they might benefit from an extra spin around the block!

_____ Everyday

OR

_____ Every other day

Please Initial _____

TLC Package \$5.00 per day

Perfect for first time and/or special boarders! This package includes more one on one time with kennel staff, brushing, treats, extra walks and playtime. This will help them feel more comfortable while away from home.

_____ Everyday

OR

_____ Every other day

Please Initial _____

If you have **multiple pets in the same boarding area**: Occasionally pets boarding together in the same enclosure become aggressive to each other, even after being close companions. I accept full responsibility for any veterinary charges, injury or death, which may result from boarding my pets in the same enclosure.

Please Initial _____

If you have a **female in heat boarding**: As it is possible for your female to have been bred prior to being placed in our care, we cannot assume responsibility if a pregnancy does occur. While your pet is boarding with us she will be kept separate from other dogs and will be on a leash when outside her enclosure. If you have any questions about the heat cycle or pregnancy in dogs, please contact you veterinarian.

Please Initial _____

Feeding Instructions

Please select a feeding option below:

- 1) Please feed my pet _____ cups of DRY food in the AM PM (circle one)
- 2) Please feed my pet _____ cups of WET food in the AM PM (circle one)
- 3) Please allow my pet "free choice" feed. Approx. _____ cup(s) per day.

Please check one of the following:

_____ OWN food from home _____ WEF chicken-based food _____ WEF lamb-based food

Other feeding notes: _____

Medications

My pet is under the care of a veterinarian and has prescription meds.

Name of Medication: _____ Dosage: _____ Frequency: _____

Name of Medication: _____ Dosage: _____ Frequency: _____

Special Instructions for Administering Medications? _____

Special Care

If your pet requires any special handling or care (ie. food allergies, behavior issues, history of jumping fences, etc.) please explain here: _____

Our Responsibilities

- We will give the best care we can and provide a safe, healthy environment.
- If you pet does not seem well, we will arrange for prompt veterinary care.
- We will do our best to accommodate pets that require special needs.

Your Responsibilities

- I believe my pet is healthy and free of disease.
- I will inform you if there is any change in my boarding plans.
- I will inform you if my pet has any special needs, diet or medications.
- I will inform you if my pet has any temperament problems which could be a danger to the pet center staff or other animals.
- I will not hold MAPC responsible for any belongings I leave with my pet.
- I understand that despite all reasonable care, my pet may be exposed to communicable disease or become ill or injured while boarding. If this should happen I will not hold MAPC responsible and I authorize MAPC to arrange any necessary veterinary care at my expense.
- I understand that if my pet caused property damage I will be responsible to pay for the damages.
- I understand that MAPC staff is not on the premises from 6pm - 8am.
- I understand should I pick up my pet(s) up late with out calling within 24 hours of the scheduled pick up day, I am responsible for paying a \$20.00 fee per pet per day for every day I am late picking up

Owner Signature: _____ Date: _____